

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	10/671591		FILING DATE		
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	
	IND	DEP	IND	DEP	IND	DEP					
1	1		1				51				
2		1		1			52				
3		2		2			53				
4		2		2			54				
5		2		2			55				
6		1		1			56				
7			1				57				
8			1				58				
9			1				59				
10			1				60				
11			1				61				
12			1				62				
13			1				63				
14			1				64				
15			1				65				
16			1				66				
17			1				67				
18			1				68				
19			1				69				
20			1				70				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	8						TOTAL DEP.				
TOTAL CLAIMS	9						TOTAL CLAIMS				